

# COVID-19 Testing Inventory Act

## Representative Anna G. Eshoo (CA-18)

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Since President Trump declared the COVID-19 outbreak a national emergency,<sup>1</sup> state departments of health, Indian Tribes, hospitals, health care providers, and first responders have lacked the tests and supplies – including personal protective equipment (PPE), testing swabs, and reagents – needed to conduct adequate public health surveillance to contain and stop the spread of coronavirus.

Widespread diagnostic testing is crucial to controlling the COVID-19 outbreak.<sup>2</sup> In the short term, quick access to coronavirus tests for hospitalized patients and essential workers allows hospitals to preserve PPE<sup>3</sup> and prevents unnecessary quarantines of front-line health care workers and first responders.<sup>4</sup> In the long-term, widespread testing will provide states and localities with the tools they need to track and contain COVID-19 cases, allow communities to lift social distancing restrictions without putting the public at risk, and reopen the economy.<sup>5</sup>

The current decentralized system of tracking tests and the corresponding lack of transparency regarding where these tests are being sent makes it challenging for our nation as a whole to systemically plan its public health response to the COVID-19 outbreak.<sup>6</sup> Without detailed information and a public-facing national testing inventory, it will be impossible to efficiently distribute tests and supplies, ramp up our national testing capacity, and hold the federal government accountable.

The **COVID-19 Testing Inventory Act** would direct the Department of Health and Human Services (HHS) in consultation with the Federal Emergency Management Agency (FEMA), the Food and Drug Administration (FDA), and the Indian Health Service (IHS) to compile and publicly share real-time information about testing supply inventory and shortages, including:

- Supply of diagnostic tests available nationally;
- Distribution of tests by location;
- Capacity of laboratories and hospitals or health care facilities to process tests, including information on test type, wait times for results and location by state, territory, or Indian Tribe; and
- Shortage of supplies required to process and analyze tests, including reagents and swabs.

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<sup>1</sup> <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>

<sup>2</sup> <https://www.warren.senate.gov/newsroom/op-eds/medium-congress-must-move-to-rapidly-increase-our-coronavirus-testing-capacity>

<sup>3</sup> <https://www.washingtonpost.com/health/2020/03/21/coronavirus-testing-strategyshift/>

<sup>4</sup> <https://www.twincities.com/2020/03/27/coronavirus-mn-testing-health-care-workers-results-delayed/>

<sup>5</sup> <https://www.aei.org/research-products/report/national-coronavirus-response-a-road-map-to-reopening/>

<sup>6</sup> <https://www.politico.com/news/2020/04/02/testing-coronavirus-gaps-162360>.